

Exhibit 2

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

STATE OF NEW YORK,

Plaintiff,

v.

UNITED STATES DEPARTMENT
OF LABOR *et al.*,

Defendants.

20-CV-3020 (JPO)

DECLARATION OF LEIGHTON KU, PH.D., MPH

I, **Leighton Ku**, declare under penalty of perjury pursuant to 28 U.S.C. § 1746, that the following is true and correct:

1. My name is Leighton Ku. I have personal knowledge of and could testify in Court concerning the following statements of fact.

2. I am a Professor of Health Policy and Management and Director of the Center for Health Policy Research at the Milken Institute School of Public Health, George Washington University in Washington, DC.

3. I am a health policy researcher with over 25 years of experience. I have conducted numerous public health studies, authored about 100 papers published in peer-reviewed journals as well as hundreds of other policy and research reports or briefs, including numerous analyses of health care and its costs. I have taught statistical analysis and research methods at the graduate school level for over 25 years, training hundreds of graduate students, as well as dozens of federal and state budget and policy analysts. I have worked with federal, state and local agencies and testified before Congress on health policy topics. I also have knowledge of health care and employment through my role as a founding (unpaid, appointed) Executive Board

member for the District of Columbia's Health Benefits Exchange Authority, which governs the District's health insurance marketplace which insures over 100,000 persons living and working in the District of Columbia. My curriculum vitae is attached as an appendix to this declaration.

4. I have provided declarations as a public health expert about the potential effects of the Department of Homeland Security's public charge rule in September 2019,¹ January 2020,² and April 2020³; about the President's healthcare proclamation in October 2019 and January 2020⁴; and about the effects of terminating DACA on health insurance coverage and states in November 2017⁵ and June 2018.⁶ I have not provided testimony in any other court cases in the past four years.

5. I have a Ph.D. in Health Policy from Boston University (1990) and Master of Public Health and Master of Science degrees from the University of California at Berkeley (1979). Prior to becoming a faculty member at George Washington University, I was on the staff of the Urban Institute and the Center on Budget and Policy Priorities.

¹ Declaration of Leighton Ku in Support of Plaintiffs' Motion for a Preliminary Injunction (regarding public charge regulation), *Make the Road New York, et al v Ken Cuccinelli, et al.* in United States District Court, Southern District of New York, Sept. 9, 2019; *State of New York, et al. v. U.S. Department of Homeland Security, et al.* in United States District Court, Southern District of New York, Sept. 9, 2019; *La Clinica de la Raza, et al. v. Donald Trump, et al.* in United States District Court, Northern District of California, September 1, 2019.

² Declaration of Leighton Ku in *Make the Road New York, et al. v. Pompeo et al.* ("MRNY v. Pompeo") in the United States District Court, Southern District of New York, Dec. 22, 2019. In *MRNY v. Pompeo*, plaintiffs seek not only an injunction of the Department of State public charge rule, but the President's November 4, 2019 Healthcare Proclamation. My declaration was filed in support of the plaintiffs' motion to enjoin both policies.

³ Declaration of Leighton Ku in *US Department of Homeland Security v. State of New York, et al.* in Supreme Court of the United States, April a, 2020.

⁴ In addition to submitting a declaration in the *MRNY v. Pompeo* case on the healthcare proclamation, my declaration regarding the healthcare proclamation was filed in the *Doe v. Trump* case filed in the District of Oregon.

⁵ Declaration of Leighton Ku in *State of New York, et al. v Donald Trump, et al.* in the United States District Court for the Eastern District of New York, Nov. 22, 2017.

⁶ Declaration of Leighton Ku in *State of Texas v. United States of America, et al. and Karla Perez, et al., Defendant-Intervenor* in the United States District Court for the Southern District of Texas, Brownsville Division, June 14, 2018.

6. I have been engaged by counsel for the Plaintiff in this case to assess the Department of Labor's regulation about paid leave under the Families First Coronavirus Response Act.

Overview of the Paid Leave Legislation and the Regulation

7. In order to curb transmission of the novel coronavirus, Covid-19, the nation, states, local governments and individuals have engaged in major efforts to reduce the spread of infection through public health prevention methods, including social distancing, stay-at-home orders, and closures of schools and non-essential businesses. By April 30, 2020, more than 62,000 Americans had died from Covid-19 and one million Americans had reported infections,⁷ while 30 million Americans filed for unemployment assistance in just six weeks.⁸ In order to mitigate the harm that could be caused by potential Covid-19 workplace infections and to support care for children affected by school closures, Congress included the Emergency Paid Sick Leave Act and the Emergency Family and Medical Leave Expansion Act as parts of the Families First Coronavirus Response Act (Public Law 116-127). The law provides for tax credits to help compensate businesses for the costs of the paid leave provisions.⁹

8. On April 6, 2020, the U.S. Department of Labor published a temporary rule implementing those provisions.¹⁰ The Act and rule promulgate policies for certain employers to provide paid leave to workers in light of disruptions related to the Covid-19 pandemic, both to

⁷ Centers for Disease Control and Prevention. Covid-19 Cases in the United States, as of April 30, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

⁸ Schwartz N, Hsu T, Cohen P. Stymied in Seeking Benefits, Millions of Unemployed Go Uncounted. *New York Times*. April 30, 2020. <https://www.nytimes.com/2020/04/30/business/economy/coronavirus-unemployment-claims.html>

⁹ Internal Revenue Service. COVID-19-Related Tax Credits: General Information FAQs. No date. Accessed May 1, 2020. <https://www.irs.gov/newsroom/covid-19-related-tax-credits-general-information-faqs>

¹⁰ Department of Labor, Wage and Hour Division. Temporary Rule: Paid Leave Under the Families First Coronavirus Response Act. *Federal Register*, 85(66): 19326-20158, April 6, 2020, with corrections Issued April 10, 2020 at *Federal Register* 85(70): 20156.

relieve economic hardships and to lower the risk of disease transmission to workers or from workers to their co-workers, customers, family members and other members of their communities.

9. The State of New York has filed a complaint against the U.S. Department of Labor in the US District Court, Southern District of New York¹¹ seeking declaratory and injunctive relief, regarding conditions included in the temporary rule. Briefly, the state contends that the regulation is more restrictive than required by the legislation, and that this difference will injure states and their residents. The state expresses concern that the regulation allows many employers to deny paid leave in ways that go beyond the statute. For example, the rule permits an employer to deny paid sick leave when the employee is caring for a dependent if the employer determines that there is no work for the employee (§826.20(a)(6)), nor take expanded family and medical leave if the employer determines there is no work for the employee (§826.20(b)(1)). However, the rule does not describe how a “no work” determination is made, creating a very slippery slope in situations where it is important that there be certainty so an employee can leave the workplace quickly to prevent the potential spread of infection or to care for a loved one. The state also permits more employers to deny leave benefits by applying an overly broad definition of “health care provider.” Additional concerns are the rule’s restrictions on conditions for intermittent leave and requirements for excessive documentation prior to taking leave.

10. The net effect of the regulation is not only that employees may be denied paid leave when the law requires they receive it, but that there will be much more uncertainty among workers as to whether they can take paid leave, which will inhibit and delay its use. This, in turn, could hasten the spread of Covid-19 to the workers, others in the workplace, workers’ families and their communities.

¹¹ Plaintiff’s Motion for Summary Judgment in *New York v. U.S. Department of Labor* in the United States District Court for the Southern District of New York, April 14, 2020.

Evidence That Paid Leave Can Reduce the Transmission of Illness

11. The Department of Labor has acknowledged the importance of paid leave in promoting health, and lowering health care costs, stating in the preamble to the rule: “With the availability of paid leave, sick or potentially exposed workers will be encouraged to stay home, thereby helping to curb the spread of the virus and lessen the strain on hospitals and health care providers... This will have spillover effects not only on the individuals who receive pay while on leave, but also on their communities and the national economy as a whole, which is facing unique challenges due to the COVID-19 global pandemic”¹²

12. The lack of paid leave increases the risk that workers will go to work even when they are ill in order to avoid the loss of wages. For example, a survey of restaurant workers, conducted by the Environmental Health Specialists Network affiliated with CDC, found that three-fifths of the workers had gone to work when they were ill, sometimes at the direction of managers, posing risks of transmission to their co-workers and customers. The most common reason for going to work when ill was the lack of paid sick leave or a sick leave policy, which was mentioned by almost half (43 percent) of the workers.¹³

13. A study conducted by public health researchers at the University of Pittsburgh examined whether the availability of paid leave affected the number of sick days taken by people who had influenza or illness or who had a child with illness or injury. After rigorous analysis, the study concluded that “access to PSD [*paid sick leave*] was associated with a higher probability of staying home for an employee’s own illness/injury, ILI [*influenza-like-illness*], influenza and for a child’s illness/injury.”¹⁴ This study was drawn from 2009 data, when the United States experienced the H1N1 influenza (swine flu) epidemic, the largest serious recent

¹² Department of Labor, Wage and Hour Division. Temporary Rule: Paid Leave Under the Families First Coronavirus Response Act. *Federal Register*, 85(66): 19345

¹³ Carpenter L, et al. Food Worker Experiences with and Beliefs about Working While Ill. *Journal of Food Protection*. 76(12): 2146-54.

¹⁴ Piper K, Youk A, James E, Kumar S. Paid Sick Days and Stay-At-Home Behavior for Influenza. *PLOS One*. 2017 Feb 2.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0170698>

epidemic prior to Covid-19. The experience of the H1N1 flu is directly pertinent to the current Covid-19 pandemic; both are highly contagious respiratory diseases which led to serious epidemics in the United States. The study found that paid leave access was more effective in enabling minority workers, women, and those with lower incomes or less education to stay at home when ill, injured or caring for a sick child. The authors concluded “access to PSD [paid sick leave] is likely to reduce the spread of disease in workplaces by increasing the rate at which sick employees stay home from work and reduce the economic burden of staying home on minorities, women and children.”¹⁵

14. The fact that paid leave was more important to minorities, women and lower income or less educated workers is particularly relevant given that low-wage workers have been far less likely to have access to paid leave from their employers.¹⁶ Low-wage workers experience stronger pressure to avoid staying at home because the loss of wages creates great economic hardship for themselves and their families. The intent of the Families First Act was to make it more affordable for workers to take leave to avoid infection or to care for their loved ones. However, by permitting more exemptions from paid leave policies than specified in the Act and creating thereby greater uncertainty about whether paid leave is available, the Department of Labor created greater economic pressure on low-wage workers, including minorities and women, to avoid staying home when they are sick or when they need to care for their children.

15. There is also evidence that paid leave not only promotes the ability of workers to stay home when they are ill, but it reduces illness among other workers by preventing infection.

¹⁵ *Ibid.*

¹⁶ DeSilver D. As coronavirus spreads, which U.S. workers have paid sick leave – and which don’t? Pew Research Center. March 12, 2020 <https://www.pewresearch.org/fact-tank/2020/03/12/as-coronavirus-spreads-which-u-s-workers-have-paid-sick-leave-and-which-dont/>. Gupta P, Goldman T, Hernandez E, Rose M. Paid Family and Medical Leave Is Critical for Low-wage Workers and their Families. CLASP (Center on Law and Social Policy). Dec. 2018. https://www.clasp.org/sites/default/files/publications/2018/12/2018_pfmliscriticalfor_0.pdf

Two studies examined data about how the availability of paid leave, which can vary over time based on local laws or business practices of different types of firms, helped reduce the use of sick days by other workers and found that paid leave policies reduced reporting of flu or use of sick days by other workers.¹⁷ Put simply, having paid leave available for an employee meant that other employees reported flu less often and used sick days less often—suggesting a reduction in the spread of disease.

16. Paid leave is particularly important in reducing transmission of communicable diseases like Covid-19. The coronavirus is highly contagious and, after an initial asymptomatic period, it can rapidly lead to severe illness and even death. This has driven the dizzying growth of infections, hospitalizations and death, and the strong policy reactions to slow its spread. Public health experts use the concept of the “reproduction rate” (R_0) to describe how contagious a disease is. Scientists estimate that the reproduction rate of Covid-19 is about 2 to 2.5, meaning that, on average, without restraint, an infected person can transmit the infection to 2 to 2.5 more people. In addition, it is estimated that a newly infected person can pass the infection to another person within 4 to 4.5 days of becoming infected. These two factors allow the Covid-19 epidemic to spread at a fierce rate.¹⁸ Even during the period that an infected person is asymptomatic, free from symptoms, he or she can be infectious to others. At this time, we still lack effective medical treatments or vaccines that can prevent infection. This is why it has been imperative that we adopt strong public health measures – such as stay-at-home orders, social distancing, testing, contact tracing and strict sanitation – to curb disease transmission.

17. Many low-wage employees work in businesses that are viewed as essential, such as nursing homes, grocery stores, delivery firms or meat and poultry processing companies

¹⁷ Pichler S, Ziebarth N. The pros and cons of sick pay schemes: Testing for contagious presenteeism and noncontagious absenteeism behavior. *Journal of Public Economics*. 2017; 156 (2017) 14–33. Stearns J, White C. Can paid sick leave mandates reduce leave-taking. *Labour Economics*. 2018; 51: 227-46.

¹⁸ Fisher M. R_0 , the Messy Metric That May Soon Shape Our Lives, Explained. *New York Times*. April 23, 2020. <https://nyti.ms/2yBdi0U>

(which the President recently deemed essential and ordered to stay in operation¹⁹), in which co-workers have been infected by Covid-19. Many workers have school-age children or other dependents who must currently stay at home because of school or business closures and require parental supervision. The lack of assured paid leave for many of these workers creates additional economic burdens and health risks for them, as well as their families and communities.

Harm from the Rule to New York State (and Similar State and Local Jurisdictions)

18. As described above, the gaps created by the Department of Labor's paid leave rule substantially increase the risk that workers will be afraid to stay at home when they are sick or when they are concerned about becoming infected at their jobs. This, in turn, magnifies the likelihood that the workers, their coworkers, their family members, or others they come into contact with will become infected by Covid-19 and further transmit the contagion to other members of their community.

19. These threats create a direct burden for the State of New York and to health care providers supported by the State of New York. There are at least two ways in which the additional disease incidence will increase costs to the state: (1) higher Medicaid costs and (2) higher costs of care for uninsured patients by public hospitals. In addition, there is evidence that the lack of paid leave can also contribute to other higher costs for the state because of the need for other welfare or support services, such as the Temporary Assistance to Needy Families program costs.²⁰

¹⁹ Trump D. Executive Order on Delegating Authority Under the DPA with Respect to Food Supply Chain Resources During the National Emergency Caused by the Outbreak of COVID-19. White House. April 26, 2020. <https://www.whitehouse.gov/presidential-actions/executive-order-delegating-authority-dpa-respect-food-supply-chain-resources-national-emergency-caused-outbreak-covid-19/>

²⁰ Stoddard-Dare P, DeRigne L, Quinn L, Mallett, C. Paid sick leave status in relation to government sponsored welfare utilization. *American Journal of Orthopsychiatry*, 2018; 88(5), 608–615

20. Evidence that paid leave can lower illness and thereby lower health care costs is available. Researchers from the Institute for Women's Policy Research examined the association of paid leave with the number of emergency room visits during the H1N1 flu pandemic.²¹ They estimated that providing paid leave to those who lack it could have prevented 1.3 million emergency room visits, which could have prevented \$500 million in public insurance costs for Medicaid and Medicare. It is worth bearing in mind that the H1N1 flu pandemic was much less severe than the current Covid-19 pandemic, which ought to have a much higher medical care costs, such as those described below.

21. Given the massive increase in unemployment that has occurred recently, millions of additional Americans and New Yorkers are now unemployed, which will trigger the loss of their private insurance and increase the number of people on Medicaid or uninsured. A recent study estimated that if the unemployment rate reaches 17.5 percent (which seems plausible today), the number of people on Medicaid nationwide could grow by 17 million people (24 percent) above pre-Covid levels and the number of uninsured people could grow by 5 to 6 million people (17 to 21 percent).²² The researchers estimated that, under this scenario, New York's Medicaid enrollment could grow by an additional 1.07 million people and the number of uninsured in New York could grow by 103,000.²³

22. Medicaid is a federal-state partnership program that provides health insurance to low-income populations with shared financing by the federal government and states. Under standard rules, New York is responsible for financing 50 percent of total Medicaid medical expenditures, although the Families First Act temporarily lowered the state's share by 6.2

²¹ Miller K, Williams C, Yi Y. Paid Sick Days and Health: Cost Savings from Reduced Emergency Department Visits. Institute for Women's Policy Research. Nov. 2011. <https://iwpr.org/wp-content/uploads/wpallimport/files/iwpr-export/publications/B301-PSD&ED.pdf>

²² Health Management Associates. COVID-19 Impact on Medicaid, Marketplace, and the Uninsured, by State. April 3, 2020. <https://www.healthmanagement.com/wp-content/uploads/HMA-Estimates-of-COVID-Impact-on-Coverage-public-version-for-April-3-830-CT.pdf>

²³ *Ibid.*

percentage points during the period of the declared public health emergency. (The federal matching rate for Medicaid varies from state to state; states with lower per capita incomes bear a smaller share of Medicaid costs.) As more Medicaid enrollees become infected by Covid-19, New York state will bear up to half of the additional costs.

23. Researchers from the Kaiser Family Foundation have estimated that the costs of hospitalizations for uninsured patients infected by Covid-19 will be between \$14 and \$42 billion nationally.²⁴ These estimates assumed that the cost of hospitalization for a patient with similar illnesses was about \$13,000 per patient in 2017 or for a patient with complications was about \$40,000 per patient. (The authors increased these costs by 20 percent to account for inflation since then and price adjustments permitted by Congress in the CARES Act.) Insofar as roughly one-third of the Covid-19 cases and deaths in the nation have occurred in New York,²⁵ it is plausible that the costs of hospital care for uninsured patients in New York alone will be about \$4 to \$14 billion. New York will bear additional costs for Covid-19 care including the costs of health care for people provided in safety net clinics, nursing homes, prisons and institutions for the care of special populations, like those with mental illness or developmental disabilities. In addition to the costs of direct care to Covid-19 patients, the pandemic is raising health care costs associated with the need for more protective equipment, emergency staff, telehealth facilities and other procedural changes. To the extent that the Department of Labor's rule fuels additional Covid-19 infections, whether to workers denied paid leave or to members of their families or communities who became ill because of it, the state will experience substantial financial costs, in addition to the health harm caused to New York residents.

24. In New York, much of the costs of care to uninsured patients is borne by public hospitals. A 2017 conducted by the New York State Foundation concluded that 58% of the care

²⁴ Levitt L, Schwartz K, Lopez E. Estimated Cost of Treating the Uninsured Hospitalized with COVID-19. Kaiser Family Foundation. April 7, 2020. <https://www.kff.org/uninsured/issue-brief/estimated-cost-of-treating-the-uninsured-hospitalized-with-covid-19/>

²⁵ Centers for Disease Control and Prevention. Covid-19 Cases in the United States. As of April 30, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

to uninsured patients in New York City was provided by public hospitals.²⁶ While the share might differ for Covid-19 care, it is clear that a major brunt of the costs of care for uninsured Covid-19 patients will be borne by state and local public hospitals, which are critical elements of the health care safety net in New York and in many other jurisdictions.

25. Even when insurance payments are available, in many cases public health agencies still bear additional costs due to difficulties billing for and being reimbursed for services. For example, despite efforts to promote vaccination for H1N1 influenza (swine flu), the epidemic that swept the United States in 2009, a survey of local public health agencies found that 80 percent had not billed for H1N1 vaccinations because of the challenges of billing and the lack of federal guidance on how to bill for these services.²⁷

26. Congress has appropriated additional federal funding to help hospitals and other health providers cope with costs associated with care for Covid-19, however it is still not clear how these funds will be allocated and whether they will be sufficient to meet the costs of care, including the costs of care for uninsured patients treated at public hospitals or other facilities.²⁸ It is very likely that New York hospitals will continue to bear a substantial cost burden caring for uninsured Covid-19 patients.

Conclusion

27. The evidence indicates that, by creating gaps in paid sick leave and family leave policies, the Department of Labor's rule increases the risk that workers will not be able to stay at

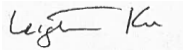
²⁶ Tikkanen R, Woolhandler S, Himmelstein D. Funding Charity Care in New York: An Examination of Indigent Care Pool Allocations. New York State Health Foundation. March 2017. <https://nyshealthfoundation.org/wp-content/uploads/2017/12/examination-of-indigent-care-pool-allocation-march-2017.pdf>

²⁷ Lindsey M. Billing Practices of Local Health Departments Providing 2009 Pandemic Influenza A (H1N1) Vaccine. *Journal of Public Health Management and Practice*. 2013 May-Jun; 19(3): 220–223.

²⁸ Schwartz K, Tolbert J, Pollitz K, Neuman T. Update on COVID-19 Funding for Hospitals and Other Providers. Kaiser Family Foundation. April 24, 2020. <https://www.kff.org/coronavirus-policy-watch/update-on-covid-19-funding-for-hospitals-and-other-providers/>

home, which will in turn increase the transmission of Covid-19 infections, and lead to hardships for the workers, their families and their communities. The increased level of infections will create substantial costs for New York State (and other states and local governments) due to additional Medicaid expenditures and the costs of treatment for uninsured patients.

Signed

A handwritten signature in black ink, appearing to read "Leighton Ku", is written over a light gray rectangular background.

Leighton Ku, PhD, MPH

May 4, 2020

CURRICULUM VITAE

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Summary

Leighton Ku, PhD, MPH, is a professor of health policy and management at the George Washington University (GW). He is a nationally known health policy and health services scholar with more than 25 years of experience. He has examined topics such as national and state health reforms, access to care for low-income populations, Medicaid, preventive services, the health care safety net, cost and benefits of health services, and immigrant health. He has authored or co-authored more than 90 peer-reviewed articles and 200 policy briefs and other translational reports. He directs the Center for Health Policy Research, a multidisciplinary research center, which includes physicians, attorneys, economists, health management and policy experts and others, with more than 20 faculty and dozens of staff; it has a research portfolio in excess of \$25 million. He has been principal investigator for a large number of studies with support from the National Institutes of Health, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, the Commonwealth Fund and Robert Wood Johnson Foundation, and other sources. In the course of his career at GW, the Center on Budget and Policy Priorities and the Urban Institute, he has worked with federal and state executive and legislative agencies, health care organizations, advocates and others in research, technical assistance, strategic advice and advocacy. As a faculty, he has taught research methods and policy analysis at the graduate level for more than 25 years and guided numerous students through dissertations and other research. As a member of his community, he helped establish and guide the District of Columbia's Health Benefits Exchange Authority as a founding member of its Executive Board.

Education

1990	Ph.D., Health Policy, Boston University (Pew Health Policy Fellow in a joint program of Boston University and Brandeis University)
1979	M.P.H., Public Health, University of California, Berkeley
1979	M.S., Nutritional Sciences, University of California, Berkeley
1975	A.B. (honors), Biochemistry, Harvard College

Professional Background

2015 – present	Co-Director, PhD Health Policy Program. First at GW Trachtenberg School of Public Policy and Administration, now at Milken Institute School of Public Health.
2012 - present	Executive Board, District of Columbia Health Benefit Exchange Authority (voluntary position).
2008 - present	Director, Center for Health Policy Research, The George Washington University

2008 - present	Professor of Health Policy and Management (with tenure), Department of Health Policy and Management, Milken Institute School of Public Health, The George Washington University.
2015- 2016	Interim Chair, Department of Health Policy and Management
2000 - 2008	Senior Fellow, Center on Budget and Policy Priorities, Washington, DC
1992 - present	Professor in Public Policy and Public Administration, Trachtenberg School of Public Policy and Administration, The George Washington University. Secondary appointment. Began as Associate Professorial Lecturer.
1990 - 2000	Principal Research Associate. The Urban Institute, Washington, DC. Began as Research Associate I.
1989 - 1990	Research Manager, SysMetrics/McGraw-Hill, Cambridge, MA.
1987 - 1989	Pew Health Policy Fellow, Health Policy Institute, Boston University and the Heller School, Brandeis University
1980 - 1987	Program Analyst, Office of Analysis and Evaluation and Supplemental Food Programs Division, Food and Nutrition Service, U.S. Dept. of Agriculture, Alexandria, VA and Washington, DC.
1975 - 1976	Registered Emergency Medical Technician, Dept. of Health and Hospitals, Boston, MA

Publications Authored or Co-authored in Peer-Reviewed Journals

[Aggregate measures of scholarly productivity: H-index = 44, I10-index = 119 (according to Google Scholar as of June 26, 2019.)

Ku L, Brantley E. Conducting Evaluation Research for Policy and Legal Analysis in a Turbulent Policy Environment: The Example of Medicaid and SNAP Work Requirements. Forthcoming, Sage Research Methods Cases, 2020.

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https://journals.lww.com/ambulatorycaremanagement/Fulltext/2019/04000/The_Effects_of_Community_Health_Center_Care_on.8.aspx

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Han X, Luo Q, Ku L. Medicaid Expansions and Increases in Grant Funding Increased the Capacity of Community Health Centers, Health Affairs, 2017 Jan.; 36 (1):49-56.

Lantz P, Rosenbaum S, Ku L, Iovan S. Pay for Success Initiatives in the U.S.: Potential and Challenges as a Strategy for Population Health Improvement, Health Affairs, 2016 Nov; 35:2053-2061

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Frogner B, Pittman P, Masselink L, Ku L. Do Years of Experience with EHRs Matter for Productivity in Community Health Centers? Journal of Ambulatory Care Management. 2017 Jan/Mar; 40(1): 36-47.

Ku L, Brantley E, Bysshe T, Steinmetz E, Bruen B. How Medicaid and Other Public Policies Affect Utilization of Tobacco Cessation. Preventing Chronic Diseases, 2016 Oct;13:160234. DOI: <http://dx.doi.org/10.5888/pcd13.160234.2016>.

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* These reports were issued as official Agency or Department reports with no listed authors. In addition, Leighton Ku wrote numerous proposed and final regulations and legislative and budget reports while on the staff of the Food and Nutrition Service. In many cases, these were published in the Federal Register, Congressional Record and related Federal series.

Selected Presentations and Testimony

Ku L. Webinar: Health Policy Responses to Covid-19. George Washington Univ. April 9 2020.

Han X, Ku L. Enhancing Staffing in Rural Community Health Centers Can Improve Behavioral Health

Care. Health Affairs press briefing, National Press Club, Washington DC, Dec. 4, 2019

Ku, L. Testimony: Economic and Employment Benefits of Expanding Medicaid in North Carolina. Field Hearing, North Carolina Assembly. Winston-Salem, NC. Aug. 16, 2019. Similar presentation at Field Hearing, North Carolina Legislature, Raleigh, NC, Oct. 1, 2019.

Ku L. Current Threats to Medicaid. Dialogue on Diversity. Unidos US. Washington, DC. June 26, 2019.

Ku, L, Rosenbaum S, Keith K, Blumberg L, Sidhu A. Health Policy Goes to Court: Collaborations of Law and Research. AcademyHealth Annual Research Conf. Washington, DC. June 2, 2019

Ku L, Brantley E, Pillai D. The Effects of SNAP Work Requirements in Reducing Participation and Benefits. AcademyHealth Annual Research Conf. Washington, DC. June 4, 2019

Brantley E, Pillai D, Ku L. Factors Affecting Enrollment in Public Programs. AcademyHealth Annual Research Conf. Washington, DC. June 2, 2019

Ku, L. Immigrants and American Health Policy. Boston College. Global Migration Conference: Inclusion and Exclusion. Boston MA April 12, 2019.

Ku, L. Medicaid Policy in the States. Scholars Strategy Network National Leadership Conference, Washington DC. Jan. 18, 2019.

Ku, L. Health Insurance Coverage for DC Latinos. DC Latino Health Leadership Symposium. Washington DC. Jan. 9, 2019.

Seiler N, Ku L. Medicaid's Role in Addressing the Opioid Crisis. GW seminar, Nov. 16, 2017.

Ku L. Medicaid: Addressing Tobacco & Opioid Addictions. Presentation at Addressing Addiction: Policy Prescriptions to Preventing Opiate Abuse and Tobacco Use. Health Policy Institute of Ohio, Columbus, OH, Sept. 26, 2017.

Ku L. Economic and Employment Effects of the Better Care Reconciliation Act. Testimony to the Maryland Legislative Health Insurance Coverage Protection Commission, Maryland House of Delegates, Annapolis, MD. Aug. 1, 2017. Similar presentation at REMI webinar, Aug. 2, 2017.

Ku L. Economic and Employment Effects of the American Health Care Act. Presentation at AcademyHealth Annual Research Conference, New Orleans, June 25, 2017. Similar presentations at Policy in the Trump Era: National, State, and Regional Economic Impacts Conference, Hall of States, Washington, D.C. June 19, 2017 and at Medicaid Policy Conference, Council of State Governments, Washington, DC, June 29, 2017.

Ku L. Repealing Obamacare: Effects on the Health Workforce. Presentation at AcademyHealth Annual Research Conference, New Orleans, June 26, 2017.

Brantley E, Ku L. Promoting Tobacco Cessation: The Role of Medicaid and Other Policies. Poster at AcademyHealth Annual Research Conference, New Orleans, June 26, 2017.

Ku L. The Future of Medicaid. Conference on Obamacare After Obama. Southern Illinois Healthcare/Southern Illinois University School of Law. Springfield, IL, May 19, 2017.

Brantley E, Ku L. Linking Data to Uncover Medicaid's Role in Cessation. National Conference on

Tobacco or Health, Austin TX, March 23, 2107.

Ku L. The Future of Medicaid and the Safety Net. Health Policy Expert Series. Milken Institute School of Public Health. March 21, 2017.

Ku L. Financial Consequences of ACA Repeal. Podcast, Feb. 15, 2017
<http://www.commonwealthfund.org/interactives-and-data/multimedia/podcasts/new-directions-in-health-care/the-impact-of-aca-repeal>

Ku L. Repealing Health Reform: Economic and Employment Consequences for States. REMI Seminar, Washington, DC. Jan. 27, 2016. Similar national webinar Feb. 1, 2017.

Ku L. Pay for Success Demonstrations of Supportive Housing for Chronically Homeless Individuals: The Role of Medicaid. Association for Public Policy and Management Research Conference, Washington, DC. Nov. 4, 2016.

Ku L. Immigrants and Community Health Centers. Pennsylvania Association of Community Health Centers, Lancaster PA. Oct. 12, 2016.

Ku L. Moving Medicaid Data Forward (discussant). Mathematica Policy Research, Washington, DC Oct. 11, 2016.

Ku L. Medicaid Can Do More to Help Smokers Quit, Michael Davis Lecture, University of Chicago, Oct. 4, 2016. Similar seminar at Univ. of Maryland, Sept. 15, 2016.

Ku L, Borkowski L. Publish or Perish: Advice for Publishing for Peer-Reviewed Journals in Health Policy. GW Department of Health Policy & Management seminar, Sept. 20, 2016.

Ku L. Family Planning, Health Reform and Potential Restrictions on Coverage or Access, presented at Contraception Challenged: Putting *Zubik v. Burwell* in Context, sponsored by National Family Planning and Reproductive Health Association meeting at Capitol Visitors Center, Washington, DC, June 7, 2016.

Ku L Russell T. et al. Debate on the Role of Public Programs in Care for the Poor. Benjamin Rush Institute, Washington, DC, April 1, 2016.

Brantley E, Ku L. Improved Access and Coverage Under The ACA: Are Immigrants at the Table?, presented at GW Research Day, March 30, 2016. (Won prize for best policy and practice research.)

Ku L. The Role of the Health Care Safety Net, Virginia Commonwealth University, Richmond, March 17, 2016.

Ku L, Steinmetz E, Bysshe T. Medicaid Continuity of Coverage in an Era of Transition. Webinar for Association of Community-Affiliated Plans, Nov. 2, 2015.

Ku L Bruen B, Steinmetz E, Bysshe T. Trends in Tobacco Cessation Among Medicaid Enrollees, presented at AcademyHealth Annual Research Meeting, Minneapolis, June 15, 2015.

Ku L. Using Economic Impact Analysis in Medicaid Advocacy, presented at AcademyHealth Annual Research Meeting, Minneapolis, June 13, 2015.

Ku L. The Translation of Health Services Research into Policy Related to the Affordable Care Act, Presented at American Association of Medical Colleges, March 20, 2015.

Ku L. Policy and Market Pressures on Safety Net Providers, National Health Policy Conference, Feb. 10, 2015.

Ku L. 'Economic and Employment Costs of Not Expanding Medicaid in North Carolina, Cone Health Foundation, Greensboro, NC, Jan. 9, 2015.

Ku L. Health Reform: How Did We Get Here, What the Heck Is Going On and What Next? Keynote Address: Medical Librarians Association, Alexandria VA, Oct. 20, 2014.

Ku L. Health Reform and the Safety Net. Testimony before Maryland Community Health Resources Commission. Annapolis, MD, Oct. 2, 2014.

Ku L. Some Key Issues in Health Reform. Presented at American Association for the Advancement of Science Health Policy Affinity Group Meeting, Washington, DC July 24, 2014.

Ku L, Curtis D. Barlow P. District of Columbia's Health Benefits Exchange at the Launch of a State-Based Exchange: Challenges and Lessons Learned Georgetown Law School Summer Session on Health Reform, July 23, 2014.

Ku L. The Big Picture on Medicaid for State Legislators Presented at Council of State Governments. Medicaid Workshop for Health Leaders, Washington, DC June 20, 2014.

Ku L, Frogner B, Steinmetz E, Pittman P. Many Paths to Primary Care: Flexible Staffing and Productivity in Community Health Centers, Presented at Annual Research Conference AcademyHealth, San Diego, CA, June 10, 2014.

Ku L, Zur J., Jones E, Shin, P, Rosenbaum S. How Medicaid Expansions and Post-ACA Funding Will Affect Community Health Centers' Capacity. Presented at Annual Research Conference AcademyHealth, San Diego, CA, June 9, 2014.

Ku L. Critical Issues for Community Health Centers, Alliance for Health Reform briefing, Commonwealth Fund, Washington, DC. May 16, 2014.

Ku L. Immigrants' Health Access: At the Nexus of Welfare, Health and Immigration Reform, Keynote talk at Leadership Conference on Health Disparities, Harvard Medical School, Boston, MA May 6, 2014.

Ku L. Wellness and the District of Columbia. District of Columbia Chamber of Commerce forum, Washington, DC, March 11, 2014.

Ku L. Health Care for Immigrant Families: A National Overview. Congressional Health Justice Summit, Univ. of New Mexico - Robert Wood Johnson Center for Health Policy, Albuquerque, NM, Sept. 7, 2013.

Ku L. Health Reform: Promoting Cancer Prevention and Care. Talk to DC Citywide Navigators Network, Washington, DC, July 15, 2013.

Ku L. Analyzing Policies to Promote Prevention and Health Reform. Seminar at the Centers for Disease Prevention and Promotion, Atlanta, GA. July 10, 2013.

Ku L. Medicaid: Key Issues for State Legislators. Council on State Governments, Medicaid Workshop for Health Leaders, Washington, DC, June 22, 2013.

Ku L, Steinmetz E. Improving Medicaid's Continuity of Care: An Update. Association of Community Plans Congressional Briefing, May 10, 2013.

Ku L (with Brown C, Motamedi R, Stottlemeyer C, Bruen B) Economic and Employment Impacts of Medicaid Expansions. REMI Monthly Policy Seminar, Washington, DC, April 24, 2013.

Ku L. Building Texas' Primary Care Workforce, Legislative Briefing: Health Care Coverage Expansion & Primary Care Access in Texas, Center on Public Priorities and Methodist Healthcare Ministries, Texas Capitol, Austin, TX, Mar. 8, 2013

Ku L, Jewers M. Health Care for Immigrants: Policies and Issues in a New Year. Presentation to Conference on After the Election: Policies Affecting Young Children of Immigrants, Migration Policy Institute, Washington, DC, Jan. 17, 2013.

Ku L. Health Reform and the New Health Insurance Exchanges: Issues for Indiana Families, Indiana Family Impact Seminar at Indiana State Legislature, Nov. 19, 2012.

Ku L. Pediatric Preventive Medical and Dental Care: The Role of Insurance and Poverty, AcademyHealth Annual Research Meeting, Orlando, FL, June 24, 2012.

Ku L. A Medicaid Tobacco Cessation Benefit: Return on Investment, Webinar for Partnership for Prevention and Action to Quit, Feb. 8, 2012.

Ku L. Safety Net Financing Issues, Webinar for National Workgroup on Integrating a Safety Net, National Academy for State Health Policy, Feb. 6, 2012

Ku L. How Medicaid Helps Children: An Introduction. Briefing to Congressional Children's Health Caucus, Jan. 25, 2012

Ku L. Market Access Webinar: Provider Access: Coordinating Medicaid & Exchanges: Continuity of Services & the Role of Safety Net Providers, Webinar for Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services, Dec. 15, 2011.

Ku L. The Safety Net: An Evolving Landscape, Presented to Grantmakers in Health, Washington, DC. Nov. 3, 2011. [Similar talks in Orlando, FL to Blue Cross Blue Shield of Florida Foundation, Feb. 17, 2012 and in Williamsburg, VA to Williamsburg Community Health Foundation Apr. 3, 2012 and to Virginia Health Foundation, Nov. 13, 2012]

Ku L. Open Access Publishing. Presented at forum for GW Medical Center faculty and staff, Oct. 24, 2011.

Ku L, Levy A. Implications of Health Reform for CDC's Cancer Screening Programs: Preliminary Results, Presentation to National Breast and Cervical Cancer Early Detection Program and Colorectal Cancer Control Program Directors Meeting, Atlanta, GA, Oct. 21, 2011.

Ku L. Coordinating Medicaid & Exchanges: Continuity of Services & the Role of Safety Net Providers, Presented to America's Health Insurance Plans, Washington, DC. Sept. 16, 2011.

Ku L. The Potential Impact of Health Reform on CDC's Cancer Screening Programs: Preliminary Results, Presented to NBCCEDP Federal Advisory Committee Meeting, Atlanta, GA, Jun. 17, 2011. (Similar presentations to the American Cancer Society, Sept. 2011.)

Ku L. Crystal Balls and Safety Nets: What Happens After Health Reform? Presented at AcademyHealth, Seattle, WA, June 2011.

Ku L. Strengthening Primary Care to Bend the Cost Curve: Using Research to Inform U.S. Policy, International Community Health Center Conference, Toronto, Canada, June 2011

Ku L. Integrating/Coordinating Care for Safety Net Providers: Issues and Local Examples, International Community Health Center Conference, Toronto, Canada, June 2011.

Ku L. Health Reform: Federal Implementation and More Unanswered Questions Presented at American Society of Public Administration, Baltimore, MD, Mar. 14, 2011.

Ku L. Key Issues in the Confusing World of Health Reform, Presented to Industrial College of the Armed Forces, National Defense University, Washington, DC, Feb. 25, 2011.

Ku L. Reducing Disparities and Public Policy Conflicts, Institute of Medicine Workshop on Reducing Disparities in Life Expectancy, Washington, DC, Feb. 24, 2011.

Ku L. Primary Care, Hospitalizations and Health Reform, American Enterprise Institute Workshop, Washington, DC, Feb. 17, 2011.

Ku L. The Promise and Perils of Health Policy for Asians in the United States, Invited keynote talk at 4th International Asian Health and Wellbeing Conference, Univ. of Auckland, New Zealand, NZ, July 6, 2010. Similar talk at symposium sponsored by the New Zealand Office of Ethnic Affairs, Wellington, NZ, July 8, 2010.

Ku L. Strengthening Primary Care to Bend the Cost Curve: The Expansion of Community Health Centers Through Health Reform, Briefing for Senate and House staff and media, convened by Sen. Bernie Sanders (VT), Russell Senate Office Building, June 30, 2010.

Ku L. Ready, Set, Plan, Implement. Executing Medicaid's Expansion, *Health Affairs* Conference on Health Reform, Washington, DC, June 8, 2010.

Ku L. Coordinating Care Among Safety Net Providers, Primary Care Forum, National Academy of State Health Policy, Alexandria, VA, June 2, 2010.

Ku L. Title VI: The Role of Culturally Competent Communication in Reducing Ethnic and Racial Health Care Disparities, National Minority AIDS Education and Training Center Spring Symposium, Howard Univ. May 29, 2010.

Ku L. American Health Reform as Massive Incrementalism, American Association for Budget and Program Analysis, Nov. 24, 2009.

Ku L. The Health Care Safety Net and Health Reform, National Academy of Public Administration, Conference on Health Care for the Future, Nov. 22, 2009.

Ku L. The Health of Latino Children, National Council of La Raza Symposium on Latino Children and Youth, Oct. 22, 2009.

Ku L. What the Obama Administration Will Mean for Child Health, AcademyHealth preconference session on Child Health, Chicago, IL June 2009.

Ku L. Immigrants and health reform, 6th Annual Immigration and Law Conference, Georgetown Univ. Law School, Migration Policy Institute and Catholic Legal Immigration Network, Washington, DC, June 24, 2009.

Ku L. From the Politics of No! to the Potential for Progress, invited keynote talk about immigrant policy and research to Society for Research in Child Development, Denver, CO, April 1, 2009.

Ku L. Strengthening the Primary Care Safety Net, National Association of Community Health Centers, Policy and Issues Conference, March 26, 2009.

Ku L. The Dial and the Dashboard: Assessing the Child Well-Being Index, Presentation to the Board of the Foundation for Child Development, March 3, 2009.

Ku L. Key Data Concerning Health Coverage for Legal Immigrant Children and Pregnant Women, invited presentation to Senate staff, Jan. 13, 2009.

Ku L. Comparing the Obama and McCain Health Plans, George Washington Univ. Medical School Alumni Conference, Sept. 27, 2008.

Ku L. The Future of Medicaid, Medicaid Congress, sponsored by Avalere Health and Health Affairs, Washington, DC, June 5, 2008.

Ku L. A Brief Appreciation of Health Advocates: Progress Made, Some Setbacks, Challenges Ahead, Public Interest Law Center of Philadelphia Conference, Philadelphia, PA, May 14, 2008.

Ku L. Financing Health Care Reform in New Jersey: Making Down Payments on Reform, Rutgers-AARP Conference, New Brunswick, NJ. Mar. 18, 2008

Ku L, Perez T, Lillie-Blanton M. Immigration and Health Care-What Are the Issues, Kaiser Family Foundation Health Cast, webcast interview March 12, 2008.

Ku L. How Research Might Affect SCHIP Reauthorization, Child Health Services Research Meeting at AcademyHealth, Orlando, FL, June 2, 2007.

Ku L. Immigrant Children and SCHIP Reauthorization, Capital Hill Briefing conducted by the Population Resource Center, April 20, 2007.

Ku L. Health Policy and Think Tanks, Robert Wood Johnson Health Policy Fellows, Institute of Medicine, June 2006. Similar talk in other years.

Ku L. Medicaid Reform and Mental Health, National Alliance for the Mentally Ill, Annual Conference, Austin, TX, June 20, 2005.

Ku L. Cost-sharing in Medicaid and SCHIP: Research and Issues, National Association of State Medicaid Directors, Washington, DC, Nov. 18, 2004. Similar talk given to National Academy of State Health Policy, St. Louis, MO, Aug. 2, 2004.

Ku L. Coverage of Poverty-Level Aged and Disabled in Mississippi's Medicaid Program, Testimony to Mississippi Senate Public Health and Welfare Committee, Aug. 24, 2004

Ku L. Medicaid Managed Care Issues, Testimony to Georgia House of Representatives Appropriations Committee, March 2, 2004.

Ku L. Medi-Cal Budget Issues, Testimony to Joint Hearing of California Senate Budget and Health and Human Services Committees, Feb. 26, 2003.

Ku L. New Opportunities to Improve Health Care Access and Coverage, American College of Emergency Physicians, May 1, 2001.

Ku L., Medicaid DSH and UPL: Perplexing Issues, National Association of Public Hospitals Health Policy Fellows Conference, Washington, DC, Mar. 20, 2001.

Ku L, Insurance Coverage and Health Care Access for Immigrant Families, Testimony Before the U.S. Senate Finance Committee, Washington, DC, March 13, 2001.

Ku L. Increasing Health Insurance Coverage for Low-Income Families and Children, Insuring the Uninsured Project Conference, Sacramento, CA, Feb. 13, 2001.

Ku L, Concerning the Healthy Families Program Parent Expansion Proposal, Testimony Before a Joint Hearing of the California Senate Health and Human Services and Insurance Committees and Budget and Fiscal Review Subcommittee # 3, Sacramento, CA, January 30, 2001.

Ku L, Insurance Trends and Strategies for Covering the Uninsured, National Health Law Program Conference, Washington, DC, Dec. 3, 2000.

Ku L, Improving Health Care Access and Coverage: New Opportunities for States in 2001, Midwest Leadership Conference, Council of State Governments, Minneapolis, MN, August 6, 2000.

Ku L, Health Care for Immigrants: Recent Trends and Policy Issues, Alliance for Health Reform, Washington, DC, August 2, 2000. Similar talks in Miami at Florida Governor's Health Care Summit and in San Diego at California Program on Access to Care conference.

Ku L, Matani S, Immigrants' Access to Health Care and Insurance on the Cusp of Welfare Reform, presented at Association for Health Services Research Conference, Los Angeles, CA, June 25, 2000.

Ku L, Matani S. Immigrants and Health Care: Recent Trends and Issues, presented to the Association of Maternal and Child Health Programs meeting, Washington, DC, March 7, 2000.

Ku L, Ellwood MR., Hoag S, Ormond B, Wooldridge J. Building a Newer Mousetrap: the Evolution of Medicaid Managed Care Systems and Eligibility Expansions in Section 1115 Projects, presented at American Public Health Association meeting, Chicago, IL, Nov. 10, 1999.

Ku L. Young Men's Reproductive Health: Risk Behaviors and Medical Care", presented at D.C. Campaign to Prevent Teen Pregnancy Meeting, Washington, DC, Oct. 19, 1999.

Ku L, Medicaid and Welfare Reform: Recent Data, presented at Getting Kids Covered Conference, sponsored by National Institute for Health Care Management and Health Resources and Services Administration, Washington, DC, Oct. 6, 1999.

Ku L, Garrett B. How Welfare Reform and Economic Factors Affected Medicaid Participation, presented at Association for Health Services Research meeting, Chicago, IL, June 29, 1999.

Ku L. Recent Factors Affecting Young Men's Condom Use, presented to conference sponsored by National Campaign to Prevent Teen Pregnancy and Advocates for Youth, Washington, DC, February 1999.

Medicaid, Welfare Reform and CHIP: The Growing Gulf of Eligibility Between Children and Adults, presented to National Association of Public Hospitals and Health Systems, Washington, DC, and to Generations United, Washington, DC, September 1998.

Ku L. Sliding Scale Premiums and Cost-Sharing: What the Research Shows presented at workshop on CHIP: Implementing Effective Programs and Understanding Their Impacts, Agency for Health Care Policy and Research User Liaison Program, Sanibel Island, FL, June 30, 1998.

Ku L, Sonenstein F, Boggess S, Pleck J. Understanding Changes in Teenage Men's Sexual Activity: 1979 to 1995, presented at 1998 Population Association of America Meetings, Chicago, IL, April 4, 1998.

Ku L. Welfare Reform, Immigrants and Medicaid presented at Annual Meeting of the Association of Maternal and Child Health Programs, Washington, DC, March 9, 1998. Similar talk presented at Association for Health Services Research Meeting, Washington, DC, June 23, 1998.

Ku L. Medicaid Policy and Data Issues: An Overview presented to National Committee on Vital and Health Statistics, DHHS, September 29, 1997.

Ku L. How Welfare Reform Will Affect Medicaid Coverage presented to National Ryan White Title IV Program Conference, Washington, DC, November 8, 1996.

Ku L, Rajan S, Wooldridge J, Ellwood MR, Coughlin T, Dubay L. Using Section 1115 Demonstration Projects to Expand Medicaid Managed Care in Tennessee, Hawaii and Rhode Island, presented at Association of Public Policy and Management, Pittsburgh, Nov. 1, 1996.

Ku L. The Federal-State Partnership in Medicaid: Is Divorce Inevitable or Would Therapy Be Enough? presented to Council of State Governments Conference on Managing the New Fiscal Federalism, Lexington, KY, May 10, 1996.

Ku L. The Male Role in the Prevention of Teen Pregnancy, presented to the Human Services Committee, National Council of State Legislatures, Washington, DC, May 9, 1996

Ku L. Implications of Converting Medicaid to a Block Grant with Budget Caps, presented to American Medical Association State Legislation Meeting, Aventura, FL, Jan. 1996 and to the American Psychiatric Association Public Policy Institute, Ft. Lauderdale, FL, March 1996.

Ku L. Medicaid: Program Under Reconstruction, presented at Speaker's Forum at New York City Council, September 12, 1995.

Ku L. State Health Reform Through Medicaid Section 1115 Waivers, presented at Pew Health Policy Conference, Chicago, IL, June 3, 1995.

Ku L. Setting Premiums for Participants in Subsidized Insurance Programs, presented at Conference on the Federal-State Partnership for State Health Reform, sponsored by HCFA, the National Academy of State Health Policy and RTI, March 15, 1995.

Ku L. Medicaid Disproportionate Share and Related Programs: A Fiscal Dilemma for the Federal Government and the States, with Teresa Coughlin, presented to the Kaiser Commission on the Future of Medicaid, November 13, 1994.

Ku L. Full Funding for WIC: A Policy Review, with Barbara Cohen and Nancy Pindus, presented at Dirksen Senate Office Building, Washington, DC, in a panel hosted by the Center on Budget and Policy Priorities, Bread for the World, the Food Research and Action Center and the National Association of WIC Directors, May 5, 1994.

Ku L. The Financing of Family Planning Services in the U.S., presented at the Institute of Medicine, National Academy of Sciences on February 15, 1994 and at the American Public Health Association meeting, San Francisco, CA, October 25, 1993.

Ku L. Using SUDAAN to Adjust for Complex Survey Design in the National Survey of Adolescent Males, with John Marcotte and Karol Krotki, briefing at National Institute of Child Health and Human Development, Rockville, MD, April 2, 1992.

Ku L. The Association of HIV/AIDS Education with Sexual Behavior and Condom Use Among Teenage Men in the United States with Freya Sonenstein and Joseph Pleck, presented at the Seventh International Conference on AIDS, Florence, Italy, June 1991.

Ku L. Patterns of HIV-Related Risk and Preventive Behaviors Among Teenage Men in the United States, with Freya Sonenstein and Joseph Pleck, paper presented at the Sixth International Conference on AIDS, San Francisco, CA, June 23, 1990.

Ku L. Trends in Teenage Childbearing, Pregnancy and Sexual Behavior, paper presented at the American Sociological Association Meeting, Washington, D.C., August 15, 1990.

Ku L. Research Designs to Assess the Effect of WIC Participation by Pregnant Women on Reducing Neonatal Medicaid Costs, briefing to Congressional staff, February 1987.

Ku L. Testimony about the Special Supplemental Food Program for Women, Infants and Children (WIC), with Frank Sasinowski, presented to House Education and Labor Committee on behalf of the American Public Health Association, March 1983.

Media

Leighton Ku has extensive experience with electronic and print media. He has been interviewed by ABC, NBC, CBS, Fox, PBS, National Public Radio, CNN, Bloomberg TV, BBC and other television or radio news broadcasts and webcasts. He has been quoted or his research has been cited in the *New York Times*, *Los Angeles Times*, *Washington Post*, *Wall Street Journal*, *USA Today*, *Christian Science Monitor*, *Huffington Post*, *Forbes*, *Fortune*, *US News and World Report*, *Politico*, *The Hill*, *Buzzfeed*, and trade publications, such as *Modern Health Care*, *Nation's Health* or *CQ HealthBeat*, *Kaiser Health News*, etc. He has been an online contributor to the *Washington Post*. He was a regular panelist on a radio talk show about health policy, broadcast on WMAL in the Washington DC region. He has been cited as an expert by *PolitiFact* and related fact-checking sources.

Service and Honors

Member, Executive Board, District of Columbia Health Benefits Exchange Authority (2012-now) (The board governs the new health insurance exchange for the District of Columbia, based on the Patient Protection and Affordable Care Act. This is a voluntary, unpaid position, appointed by the Mayor and

approved by the City Council. I was reappointed in 2018.) Chair of the Research Committee and the Information Technology Committee. Led working groups that developed the financial sustainability plan for the Exchange, dental plans, standardized benefit plans and changes required in light of threats to the Affordable Care Act.

One of three top reviewers of the year, *Milbank Quarterly*, December 2019

Social Science Research Network, one of five most downloaded papers in field, Oct-Dec. 2018.

Commonwealth Fund, two of the top ten most frequently downloaded reports (2017).

Commonwealth Fund, one of top ten most frequently downloaded reports (2006).

Award for promoting racial and economic justice, Mississippi Center for Justice, 2005

Service award from the National WIC Directors Association (2002).

Choice (the magazine of the American Library Association for academic publications), top ten academic books of the year (1994)

Pew Health Policy Fellow, Boston University and Brandeis University, 1987-1990.

Other Service

Submitted expert witness declaration in a federal lawsuit regarding the President's proclamation which would have denied visas to those without approved forms of health insurance, Declaration in Support of Plaintiffs' Motion for a Preliminary Injunction (regarding Presidential Proclamation on Visas and Health Insurance), *John Doe #1, et al. v Donald Trump, et al.* United States District Court, District of Oregon, filed November 8, 2019. [Resulted in an injunction prohibiting implementation of the visa denials.]

Submitted expert witness declaration in federal lawsuits on public charge regulations and health, including *La Clinica de la Raza, et al. v. Donald Trump, et al.* United States District Court, Northern District of California, September 1, 2019. *Make the Road New York, et al v Ken Cucinelli, et al.* United States District Court, Southern District of New York, Sept. 9, 2019. *State of New York, et al. v. U.S. Department of Homeland Security, et al.* United States District Court, Southern District of New York, Sept. 9, 2019. [Resulted in injunctions prohibiting implementation of the public charge regulations.]

Helped develop and cosigned *amicus* briefs on behalf of public health scholars in key federal lawsuits, including *King v Burwell* (health insurance exchanges), *Stewart v Azar* (approval of Kentucky work requirement waiver, versions 1 and 2), *Gresham v Azar* (approval of Arkansas work requirements). *Texas v Azar* (constitutionality of ACA), *Philbrick v Azar* (approval of New Hampshire work requirement) and *Massachusetts v. US Dept of Health and Human Service* (contraceptive mandate).

Parliamentarian, Milken Institute School of Public Health, 2019

Member, Technical Expert Panel, AHRQ Panel on Future of Health Services Research, RAND, 2019.

Served as expert witness in federal lawsuits on immigration and health, including *State of Texas v United States and Perez* and *State of New York v Trump* (Deferred Action for Childhood Arrivals). 2018.

Co-Director, PhD Health Policy Program. First at GW Trachtenberg School of Public Policy and Administration, now at Milken Institute School of Public Health, 2015-now

Served as search committee member, chair, Department of Health Policy and Management, 2019 and 2020 and faculty, Dept. of Exercise and Nutrition Sciences, 2019.

Search committee, Associate Provost for Graduate Studies, George Washington Univ, 2019

Member, AcademyHealth/NCHS Health Policy Fellowship Program board. 2016-17.

Affiliated faculty, Jacobs Institute of Women's Health, 2015-now.

Advisory Board, Remaining Uninsured Access to Community Health Centers (REACH) Project, Univ. of California Los Angeles, 2015-17.

Member, DC Metro Tobacco Research and Instruction Consortium (MeTRIC). 2014- present

Member, Health Workforce Research Institute, GW, 2013-present.

Member, National Advisory Board, Public Policy Center of University of Iowa, 2014-18.

Chair/Vice Chair, Advocacy Interest Group, AcademyHealth, 2014-17.

Member, Advisory Committee on Non-Health Effects of the Affordable Care Act, Russell Sage Foundation, Dec. 2013.

Member, Technical Expert Group on the Affordable Care Act and the National Survey of Family Growth, National Center for Health Statistics, Centers for Disease Control and Prevention, Nov. 2013

Member, Steering Committee, GW Institute of Public Policy, 2013-now

Member, External Review Committee for Department of Family Science for the University of Maryland School of Public Health, 2012.

GW Faculty Senator, representing School of Public Health and Health Services, 2010-12.

Member of numerous University, School and Departmental committees. 2008-present.

Member or chair, numerous faculty and dean search committees, Milken Institute School of Public Health and School of Nursing, George Washington University. 2008-present.

National Institutes of Health, member of various grant review study sections (1996-now).

Invited reviewer. Committee on National Statistics. National Academy of Sciences. Databases for Estimating Health Insurance Coverage for Children. 2010-11.

Grant reviewer. Robert Wood Johnson Public Health and Law program. 2010.

Invited reviewer, Institute of Medicine report on family planning services in the U.S., 2009.

External reviewer for faculty promotion and tenure for Harvard School of Public Health, Harvard Medical School, Univ. of California at Los Angeles and at San Diego, Boston University, Baruch College, George Mason University, University of Maryland, University of Iowa, Kansas University, Portland State University, etc., 2008-present.

Submitted expert witness affidavits/declarations in federal, state and local lawsuits including: *Texas v. United States* and *New York, et al. v. Trump* (Deferred Action for Childhood Arrivals), *Wood, et al. v. Betlach*, (Medicaid cost sharing), *Lozano v. City of Hazleton* (immigrant rights), *Spry, et al., v. Thompson* (Medicaid cost-sharing), *Dahl v. Goodno* (Medicaid cost-sharing), *Newton-Nations, et al., v. Rogers* (Medicaid cost-sharing) and *Alford v. County of San Diego* (cost-sharing for a local health program).

Board Member and Treasurer, Alliance for Fairness in Reforms to Medicaid (2002-2008)

Urban Institute, founding member, Institutional Review Board (1997-2000)

National Health Research Institute (Taiwan's NIH) grant reviewer (1999).

Urban Institute, member, Diversity Task Force (1995)

Pew Health Policy Fellow, Boston University and Brandeis University, 1987-1990.

Consultant Services

Consortium of law practices, including Justice Action Center, Paul Weiss, National Health Law Program and New York State Attorney General, 2019

Mexican American Legal Defense and Educational Fund, 2018

New Jersey State Attorney General, 2018

New York State Attorney General, 2017

First Hospital Foundation, Philadelphia PA, 2017

Wilmer Hale/Planned Parenthood Federation, 2017

Centers for Disease Control and Prevention, 2016

Professional Society Memberships and Service

AcademyHealth (formerly Association for Health Services Research), Program Selection Committees (multiple years), chair Advocacy Interest Group (2014-16).

American Public Health Association

Association of Public Policy and Management, Program Selection Committees (many years)

Editorial Peer Review Service

Associate editor, *BMC Health Services Research*, 2009 – 2013.

Reviewer for numerous journals, including *Health Affairs*, *New England Journal of Medicine*, *Journal of the American Medical Association*, *Milbank Quarterly*, *Pediatrics*, *American Journal of Public Health*, *Inquiry*, *Medical Care*, *HSR*, *Medicare and Medicaid Research Review*, *American Journal of Preventive Medicine*, *Family Planning Perspectives*, *Journal of Association of Public Policy and Management*, *Nicotine and Tobacco Research*, *Maternal and Child Health*, *Journal of Health Care for the Poor and Underserved*, *JAMA-Internal Medicine*, *Public Administration Review* (1990 to now). In 2017, I reviewed 16 manuscripts for journals. External reviewer for RAND Corporation, National Academy of Science, Oxford Univ. Press, etc.

Awarded as one of three top reviewers of the year, *Milbank Quarterly*, December 2019

Public Health Practice Portfolio

Member, Executive Board, District of Columbia Health Benefits Exchange Authority (2012-now). The board governs the new health insurance exchange for the District. (Nominated by the Mayor and appointed by the City Council; reappointed in 2017). Chair of the IT and Eligibility Committee, Research Committee and various working groups.

Member, Technical Expert Group, the Future of Health Services Research, for Agency for Healthcare Research and Quality, conducted by RAND. Jan. 2019.

Expert Advisor, Russell Sage Foundation. Non-health effects of the Affordable Care Act. (2013).

Expert Advisor, Revisions to the National Survey of Family Growth, National Center for Health Statistics, CDC (2013)

Member, Technical Advisory Committee for Monitoring the Impact of the Market Reform and Coverage Expansions of the Affordable Care Act, sponsored by ASPE. (2013)

Member, Technical Advisory Group for the Design of the Evaluation of the Medicaid Expansion Under the ACA, sponsored by ASPE (2012)

Member, National Workgroup on Integrating the Safety Net, National Academy of State Health Policy, July 2011 – 2013.

Member, National Advisory group for Iowa Safety Net Integration project, 2011-2013.

Foundation for Child Development, Selection Committee, Young Scholars Program, 2008-2015.

Foundation for Child Development, Advisory Committee, Child Well-Being Index, 2008-present

Member, National Advisory Board, Center on Social Disparities on Health, University of California at San Francisco, 2005-2008.

National Campaign to Prevent Teen Pregnancy, Member, Effective Programs and Research Task Force (2000)

Doctoral Students Mentored/Advised

Dissertations Completed

Prof. Peter Shin (chair)

Prof. Megan McHugh

Dr. Sarah Benatar

Dr. Emily Jones (chair)

Dr. Saqi Cho (chair)

Dr. DaShawn Groves (chair)

Dr. Heitor Werneck

Dr. Brad Finnegan (chair)

Dr. Maliha Ali

Dr. Christal Ramos

Dr. Qian (Eric) Luo

Dr. Bill Freeman

Dr. Serena Phillips

Dr. Julia Strasser

Dr. Kristal Vardaman (chair)

Dr. Brian Bruen
Dr. Xinxin Han (chair)
Dr. Jessica Sharac (chair)
Dr. Nina Brown
Dr. Mariellen Jewers (chair)
Dr. Leo Quigley (chair)
Dr. Erin Brantley
Dr. Roberto Delhy

In Progress

Evelyn Lucas-Perry (chair)
Kyle Peplinski (chair)
Shin Nozaki
Brent Sandmeyer (chair)

Other Student Advising

Co-Director, Health Policy PhD Program.
Faculty advisor, MPH, health policy. Provide guidance to about a dozen MPH students per cohort.
Faculty Advisor, GW Health Policy Student Association, 2016-now